

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573764

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		-		
3	/		/			
4	/		/			
5	/		/			
6	/		-			
7		/		/		
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10		0		/		
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12		/		/		
13		/		/		
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24		/		-		
25		/		/		
26		/		/		
27		/		/		
28		2		/		
29	/	/	-			
30		/		-		
31	/		/			
32	/	/	/	/		
33	/		/			
34	/		/			
35		2	/	-		
36	/	/	/	/		
37	/	/	/	/		
38	/		/			
39	/		/			
40	/		/			
41		3	/	/		
42	/	2	/	/		
43	/		/			
44	/		/			
45		3	/	/		
46		/	/	/		
47		2	/	/		
48	/		/			
49	/		/			
50		/	/	/		
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						